

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 5cc

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: March 1, 2000

CATEGORICALLY NEEDY

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

c. Prosthetic Devices (Continued)

(10) Orthotic Appliances

Services for recipients age 21 and over are limited to \$3,000 per State Fiscal Year (July 1 through June 30). When the Medicaid maximum allowable for an orthotic appliance is \$500 or more, prior authorization is required. Specific covered orthotic appliances are listed in Section III of the Prosthetics Provider Manual.

(11) Prosthetic Devices

Services for recipients age 21 and over are limited to \$20,000 per State Fiscal Year (July 1 through June 30). When the Medicaid maximum allowable for a prosthetic device is \$1,000 or more, prior authorization is required. Specific covered prosthetic devices are listed in Section III of the Prosthetics Provider Manual.

|                       |   |
|-----------------------|---|
| STATE <u>Arkansas</u> | A |
| DATE <u>12-28-99</u>  |   |
| DATE <u>2-4-2000</u>  |   |
| DATE <u>3-1-2000</u>  |   |
| HCEA <u>99-26</u>     |   |

SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 5d

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: July 1, 1991

CATEGORICALLY NEEDY

12. Prescribed drugs, dentures and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist (Continued)

d. Eyeglasses

Provision of glasses and/or contact lens for eligible recipients. The following limits are imposed.

(1) One pair of glasses every twelve (12) months for eligible recipients 21 years of age and over. Replacement of glasses, repairs to glasses or professional service for repairing glasses is covered for post cataract patients with prior authorization.

(2) One pair of glasses every twelve (12) months for eligible recipients under 21 years of age in the Child Health Services (EPSDT) Program. Under special circumstances, additional glasses may be authorized. Repairs include any repair necessary to render the eyeglasses serviceable.

(3) Contact lens are covered if either of the following conditions are exhibited by the patient:

- a. Medical Necessity
- b. Cataract patients

Prior authorization is required by the Medical Assistance Section. Lens replacement for all recipients is allowed as medically necessary.

|            |             |   |
|------------|-------------|---|
| STATE      | AR-KANSAS   | A |
| DATE REC'D | JUL 07 1991 |   |
| DATE APP'D | NOV 19 1991 |   |
| DATE EFF   | JUL 07 1991 |   |
| HCFA 119   | 91-28       |   |

Supersedes: 90-09

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 5e

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

CATEGORICALLY NEEDY

March 1, 1990

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan.
- a. Diagnostic services - Not provided.

|             |                 |
|-------------|-----------------|
| STATE       | <i>Arkansas</i> |
| DATE REC'D  | <i>2-26-90</i>  |
| DATE APP'VD | <i>3-13-90</i>  |
| DATE EFF    | <i>3-1-90</i>   |
| HCFA #      | <i>90-09</i>    |

*Supersedes None - New Page*

A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 6a

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: April 1, 2000

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

b. Screening services - Not Provided.

c. Preventive services - Not Provided.

d. Rehabilitative Services

1. Rehabilitative Services for Persons with Mental Illness (RSPMI)

a. Acute Outpatient Services

- Diagnosis
- Diagnosis - Psychological Test/Evaluation
- Diagnosis - Psychological Testing Battery
- Treatment Plan
- Interpretation of Diagnosis
- Diagnosis - Speech Evaluation
- Individual Outpatient - Therapy Session\*\*
- Marital/Family Therapy
- Individual Outpatient - Speech Therapy\*
- Group Outpatient - Group Therapy\*\*
- Group Outpatient - Medication Maintenance
- Group Outpatient - Speech Therapy\*

\* Effective for claims with dates of service on or after December 1, 1997, prior authorization is required for Medicaid recipients under age 21. Effective for dates of service on or after October 1, 1999, individual and group therapy are limited to four (4) units per day. One unit equals 15 minutes. Evaluations are limited to four (4) units per State Fiscal Year (July 1 through June 30). One unit equals 30 minutes. Extensions of the benefit limits will be provided if medically necessary for eligible Medicaid recipients under age 21.

\*\* Effective April 1, 2000, these services require prior authorization for eligible Medicaid recipients age 21 and over to determine and verify the patient's need for services.

|            |          |
|------------|----------|
| STATE      | Arkansas |
| DATE REV'D | 12/28/99 |
| DATE APP'D | 2/1/00   |
| DATE EFF   | 4/1/00   |
| HCFA 179   | 99-27    |

A

SUPERSEDES: TN - 99-16

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 6b

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: April 1, 2000

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. **Rehabilitative Services (Continued)**

1. Rehabilitative Services for Persons with Mental Illness (RSPMI) - (Continued)

b. **Acute Day Treatment \***

c. Restricted RSPMI Services

- Assessment-Reassessment and Plan of Care
- **Crisis Stabilization Intervention\***
- **On-Site Intervention\***
- **Off-Site Intervention\***
- **Rehabilitation Day Services\***

d. Other RSPMI Services

- Crisis Intervention
- Physical Examination
- **Medication Maintenance by a Physician\***
- Periodic Review of Plan of Care
- Routine Venipuncture for Collection of Specimen
- Catheterization for Collection of Specimen
- Medication Administration by a Licensed Nurse
- Collateral Intervention

\* Effective April 1, 2000, these services require prior authorization for eligible Medicaid recipients age 21 and over to determine and verify the patient's need for services.

|                            |   |
|----------------------------|---|
| STATE <u>Arkansas</u>      | A |
| DATE REC'D <u>12/28/99</u> |   |
| DATE APP'D <u>2/1/00</u>   |   |
| DATE EFF <u>4/1/00</u>     |   |
| DATE REV <u>99-29</u>      |   |

SUPERSEDES: TN - 99-12

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 6c

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: February 15, 1995

CATEGORICALLY NEEDY

13. Other diagnostic, screening, preventive and rehabilitative services, i.e., other than those provided elsewhere in this plan. (Continued)

d. Rehabilitative Services (Continued)

2. Rehabilitative Services for Persons with Physical Disabilities (RSPD)

a. Extended Rehabilitative Hospital Services

Service delivery is the same as inpatient hospital services described in Attachment 3.1-A, Page 1a, Item 1, minus the room and board component.

Extended Rehabilitative Hospital Services are available to eligible Medicaid recipients of all ages when medically necessary as determined by the PRO. Services are limited to 30 days per State Fiscal Year for recipients age 21 and older. Recipients under age 21 in the Child Health Services (EPSDT) Program are not benefit limited.

|            |                 |   |
|------------|-----------------|---|
| STATE      | <i>Arkansas</i> | A |
| DATE REC'D | JAN 12 1995     |   |
| DATE APP'D | FEB 22 1995     |   |
| DATE EFF   | FEB 15 1995     |   |
| HCPA 117   | 93-01           |   |

SUPERSEDES: NONE - NEW PAGE

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 6d

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

February 15, 1995

CATEGORICALLY NEEDY

14. Services for Individuals Age 65 or Older in Institutions for Mental Diseases

a. Inpatient Hospital Services

Not provided.

b. Nursing Facility Services

Not provided.

|                               |   |
|-------------------------------|---|
| STATE <u>Arkansas</u>         | A |
| DATE REC'D <u>JAN 12 1995</u> |   |
| DATE APP'D <u>FEB 22 1995</u> |   |
| DATE OF <u>FEB 15 1995</u>    |   |
| HCPA 177 <u>94-01</u>         |   |

*3.1-A, Page 6c*

SUPERSEDES: *94-06*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 7a

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: October 1, 1990

CATEGORICALLY NEEDY

15. Services in an intermediate care facility for the mentally retarded, as defined in Section 1905(d), (other than in an institution for mental diseases) for individuals who are determined, in accordance with Section 1902(a)(31)(A), to be in need of such care.

A Registered Nurse and a Physician Reviewer assess medical needs and make medical eligibility determinations and patient level of care classifications for applicants referred by a physician for nursing home care.

ICF/MF services include coverage of prescription medications within the State's formulary without limitations.

|                                |   |
|--------------------------------|---|
| STATE <u>Arkansas</u>          | A |
| DATE REC'D <u>DEC 19 1990</u>  |   |
| DATE APPV'D <u>APR 19 1991</u> |   |
| DATE EFF <u>OCT - 1 1990</u>   |   |
| HCF A 179 <u>90-61</u>         |   |

*Supercedes: 89-46*



STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 7b

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: March 1, 1993

CATEGORICALLY NEEDY

16. Inpatient Psychiatric Facility Services for Individuals Under 22 Years of Age

Inpatient Psychiatric Providers which are inpatient psychiatric hospitals must be:

- licensed as a psychiatric hospital by the State agency which licenses psychiatric hospitals and
- certified by the Medicare Certification Team as meeting the conditions of participation as a psychiatric hospital in the Title XVIII (Medicare) Program.

OR

Inpatient Psychiatric Providers which are inpatient psychiatric residential treatment facilities must be:

- accredited as meeting the child and adolescent standards of the Joint Commission on Accreditation of Healthcare Organizations and
- licensed by the Arkansas Department of Human Services, Division of Children and Family Services as a psychiatric residential treatment facility. (Applicable only to Inpatient Psychiatric Providers located in Arkansas.)

OR

Inpatient Psychiatric Providers which are inpatient psychiatric programs in a psychiatric facility must be:

- accredited as meeting the child and adolescent standards of the Joint Commission on Accreditation of Healthcare Organizations.

OR

Inpatient Psychiatric Providers which are inpatient psychiatric programs in a psychiatric hospital must:

- be in a psychiatric hospital licensed as a psychiatric hospital by the State agency which licenses psychiatric hospitals;
- be in a psychiatric hospital certified by the Medicare Certification Team as meeting the conditions of participation as a psychiatric hospital in the Title XVIII (Medicare) Program and
- have an inpatient psychiatric program which is accredited as meeting the child and adolescent standards of the Joint Commission on Accreditation of Healthcare Organizations.

|            |             |   |
|------------|-------------|---|
| STATE      | Arkansas    | A |
| DATE REC'D | MAR 05 1993 |   |
| DATE APP'D | MAR 22 1993 |   |
| DATE EFF   | MAR 01 1993 |   |
| FICA #     | 93-28       |   |

*Sanrose let her 87-21*

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT  
MEDICAL ASSISTANCE PROGRAM  
STATE ARKANSAS

ATTACHMENT 3.1-A  
Page 7c

AMOUNT, DURATION AND SCOPE OF  
SERVICES PROVIDED

Revised: October 1, 1991

CATEGORICALLY NEEDY

16. Inpatient Psychiatric Facility Services for Individuals Under 22 Years of Age (Continued)

Inpatient psychiatric services reimbursable under the Arkansas Medicaid Program must be provided:

- by an Inpatient Psychiatric Provider selected by the recipient;
- by an Inpatient Psychiatric Provider enrolled in the Arkansas Medicaid Program;
- to an eligible Arkansas Medicaid recipient before the recipient reaches age 21 or, if the recipient was receiving inpatient psychiatric services at the time they reached 21 years of age, services may continue until the recipient no longer requires the services or the recipient becomes 22 years of age, whichever comes first.
- with certification from the independent or facility based team (whichever is appropriate in accordance with 42 CFR 441.153) that the recipient meets the criteria for inpatient psychiatric services;
- with prior authorization from the Medicaid Agency Review Team and
- under the direction of a physician (contracted physicians are acceptable).

|                             |   |
|-----------------------------|---|
| STATE <u>Arkansas</u>       | A |
| DATE REC'D <u>9-23-91</u>   |   |
| DATE APPV'D <u>10-21-91</u> |   |
| DATE EFF <u>10-1-91</u>     |   |
| HCFA 179 <u>91-42</u>       |   |

*Supersedes: 88-04*